APPLICATION FOR MEMBERSHIP

NAME	HOME T	TELEPHONE
CELL PHONE #	WORK #	£
ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL ADDRESS:		
	(PLEASE PRINT CLEARLY	<u>/)</u>

READ THE FOLLOWING REQUIREMENTS CAREFULLY BEFORE FILLING OUT THIS FORM.

GENERAL REQUIREMENTS:

- 1. Be a citizen of the United States.
- 2. Be a legal resident of Howard County and the State of Indiana for at least six (6) months, prior to the date on this application. If you have been in an Emergency Management Agency or equivalent to this, and after having received three (3) verified letters of recommendation from this organization you may proceed.
- 3. Be at least eighteen (18) years of age.
- 4. Possess a current, valid Indiana Motor Operator's License.
- 5. Applicants <u>MUST</u> maintain an operational telephone while being a member.
- 6. Can not have a felony conviction.
- 7. All applicants <u>MUST</u> have a licensed motorized **vehicle** mode of transportation to make call outs and other EMA functions.

Applicants who meet the above qualifications will be considered for membership in conjunction with the report(s) of character investigation.

INSTRUCTIONS:

This application must be filled out in ink, in the handwriting of the applicant. A copy of the applicant's driver's license must be attached to this application. All applications must be returned in person to the office by the applicant. Questions not applicable; so indicate with N/A.

NOTE:

THIS APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT, WITH ATTACHMENTS, IF REQUIRED.

LAST FIVE (5) YEARS OF RESIDENCE

ADDRES	SS	CITY/S	TATE	HOW LONG
"A" DA 1.) 2.) 3.) 4.) 5.)	List any volunteer organizations	years old. high school? ploma from any hig you are affiliated w	th school after passing the G.E.D. to vith:	
	RSONAL DATA LIST FUL		RESENT ADDRESSES OF:	
Mother _				
"C" ED HIGH SC	DUCATION AND TRAINING	DATES		
	GE OR UNIVESITY: f School	DATES From/To	Grade Completed	Did you graduate?

"D" EMPLOYMENT RECORD What is your present occupation?			
How long have you held this position?			
Name of employer:			
Address of present employer:			
Have you ever been discharged from a position			
LIST YOUR EMPLOYMENT HISTORY O	VER THE PAST TEN (10		DE ACON FOR
DATES FROM/TO NAME OF EMPLOYER	ADDRESS OF EMPLOYER	NATURE OF BUSINESS	
"E" REFERENCES: (LIST THREE (3) RE	FERENCES THAT ARE	NOT RELATIVES)	
Name		Phone#	
Address		City	
Name		Phone#	
Address		City	
Name		Phone#	
Address	Phone#City		
"F" DRIVING RECORD			
Do you drive a car?	How many years of d	riving experience?	
Do you drive a truck?	How many years of driving experience?		
Drivers license number		Expires	

"G" MILITARY STATUS

Military History:

(Furnish copy of DD214 – Discharge from service)

	Dates of Service	
Organization	From/To	Rank or Grade
Are you now a member of	the active Reserves?	If so, what rank?
Give the name and locatio	2.1	·
Firearms qualifications ear	rned (Attach copy of Certification)	
•	, , , , , , , , , , , , , , , , , , ,	
	ENCE AND MISCELLANEOUS	(Attach copy of Certifications)
Name of Unit	Dates of Employment	
Government	From/To	Rank Held
State any qualifications a	nd/or employment not included above which	ch you believe would be of value to you as an
		EMA, volunteer agencies/organizations, etc
(Attach copies of Certifica	ations)	
•	Dates	
Unit/Agency	From/To	Position Held
"I" CERTIFICATIONS List any certifications/numb	: bers, permits, etc. you have (EMT, 1st Responde	er, Firefighter, Gun Permit, PSID #, etc.)
Have you ever been convi	cted of a felony? If so, give the facts:	
	being duly sworn deposent of facts obtained in the foregoing application	ses and says that he/she is the applicant above ntion are true and will abide by all regulations of f the Howard County Department of Emergency
SI	GNATURE	DATE

RECORDS REVIEW REQUEST AND WAIVER FORM

	FIRST NAME	MIDDLE
DATE OF BIRTH	SOCIAL SECURIT	Y NUMBER
SHERIFF'S DEPARTMENT its ag files to do a complete criminal I understand and realize that Notwithstanding, I do hereby POLICE DEPARTMENT and/or and and employees from any lia information.	gents or employees to history check on mean the information so re release and covenant the HOWARD COUNT bility arising out of	TIMENT and/or the HOWARD COUNTY or release information contained in their and to check my driver's license record eleased may prove unfavorable to me to forever hold harmless the KOKOMO Y SHERIFF'S DEPARTMENT, their agents or resulting from the release of this
DATED	SIGNATU	RE OF APPLICANT

INVESTIGATION REQUEST AND WAIVER FORM

LAST NAME	FIRST NAME	MIDDLE
DATE OF BIRTH		
pertaining to me from whe schools, creditors, etc.) understand that the Notwithstanding, I do he COUNTY DEPARTMENT OF	its agents or employees to involve to information so gathered marked reby release and covenant fore of the involve to involve the involve	vestigate and gather informations, neighbors, relatives, employers
REFUSAL TO SIGN TH APPLICATION.	IS FORM WILL RESULT IN AUT	TOMATIC WITHDRAWAL OF THE
DATED	 SIGNATURE OF APPL	.ICANT
DATED	SIGNATURE OF WITN	NESS